

HONORABLE JOHN C. COUGHENOUR

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WASHINGTON
AT SEATTLE

JOSEPH A. IOPPOLO; DAVID MCCRAY
and SALLY MCCRAY, husband and wife;
SCOTT KASEBURG and KATHRYN
KASEBURG, husband and wife; CAR LOT
LLC, a Washington limited liability
company; FLOOR CRAFT BUILDING
LLC, a Washington limited liability
company; FREY REED BUILDING LLC, a
Washington limited liability company; and
WOODINVILLE LANDING LLC, a
Washington limited liability company, for
themselves and a Class of Similarly Situated
Plaintiffs,

Plaintiffs,

vs.

PORT OF SEATTLE, a municipal
corporation; PUGET SOUND ENERGY,
INC., a Washington for profit corporation,
KING COUNTY, apolitical subdivision of
the State of Washington; CENTRAL
PUGET SOUND REGIONAL TRANSIT
AUTHORITY, a municipal corporation; and
CASCADE WATER ALLIANCE, a
municipal corporation,

Defendants.

Case No. 2:15-cv-00358-JCC

DECLARATION OF KRISTIN
BALLINGER IN SUPPORT OF
CONSOLIDATED REPLY OF
DEFENDANTS PORT OF SEATTLE,
KING COUNTY, SOUND TRANSIT IN
SUPPORT OF THEIR MOTION TO
DISMISS PLAINTIFFS' COMPLAINT
FOR FAILURE TO SATISFY RCW
4.96.020

**NOTED FOR:
FRIDAY, MAY 1, 2015**

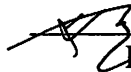
1 I, Kristin Ballinger, declare as follows:

2 1. I am one of the attorneys for the defendant Port of Seattle in the above
3 captioned action, am over age 18, and competent to be a witness. I am making this declaration
4 based on facts within my own personal knowledge.

5 2. Attached hereto is a true and correct copy of the Port of Seattle Tort Claim
6 Form Packet that I caused to be printed from the Port's website
7 (https://www.portseattle.org/About/Contact/Documents/Tort_Claim_Form_Packet.pdf) on
8 April 29, 2015.

9 I declare under penalty of perjury under the laws of the United States of America that
10 the foregoing is true and correct.

11 DATED this 29th day of April, 2015, in Seattle, Washington.

12
13  _____
14 Kristin Ballinger

CERTIFICATE OF SERVICE

I, Susie Clifford, declare that I am employed by the law firm of Calfo Harrigan Leyh & Eakes LLP, a citizen of the United States of America, a resident of the State of Washington, over the age of eighteen (18) years, not a party to the above-entitled action, and competent to be a witness herein.

On May 1, 2015, I caused a true and correct copy of the foregoing document to be served on counsel listed below in the manner indicated:

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☐ Via facsimile
☐ Via email
☒ Via ECF

DATED this 1st day of May, 2015.

s/Susie Clifford
SUSIE CLIFFORD



TORT CLAIM FORM PACKET

Please carefully read all of the information in this packet before completing and presenting your Tort Claim Form.

Documents Contained in the Tort Claim Form Packet

- Instructions for completing the Tort Claim Form
- Tort Claim Form
- Medical Authorization

Legal Requirements for Presenting Tort Claim Forms

In order to verify the claim and supporting information, the law requires that the Tort Claim Form be signed by:

- Claimant; or
- Person holding a written power of attorney from the Claimant; or
- Attorney admitted to practice in Washington State on the Claimant's behalf; or
- Court-approved guardian or guardian ad litem on behalf of the Claimant.

Present in Person or Mail the Tort Claim Form and Supporting Documents to:

Sara Kern, Claims Manager *or*
Jeff Hollingsworth, Risk Manager *or*
Vianney Muse, Risk Claims Analyst
Port of Seattle
2711 Alaskan Way
P. O. Box 1209
Seattle, WA 98111

Business hours: Monday through Friday 8:00 a.m. to 4:30 p.m.
Closed on weekends and holidays

A claim is deemed presented when the claim form is delivered in person or is received by the agent by regular mail, registered mail or certified mail with return receipt requested, to the agent(s) designated above.

Instructions for Completing the Tort Claim Form

Please read these instructions carefully before presenting a Tort Claim Form.

- Type or print clearly in ink and sign the Tort Claim Form.
- If the requested information cannot be supplied in the space provided, please use additional pages to complete the Tort Claim Form.
- If you are presenting a personal injury claim, please sign and attach the Medical Release form.
- If the incident that caused the damages occurred over a period of time, please provide the beginning and ending date.
- Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damage, receipts for repairs, wage loss information, and other documentation as appropriate.
- An adjuster will be assigned to your claim after it is submitted. It is to your advantage to present with your claim all relevant supporting documents. All documents may be subject to Washington State Public Disclosure statutes.
- Additional claim forms can be downloaded from the Port of Seattle website.
<http://www.portseattle.org/about/contact/>



TORT CLAIM FORM

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against the Port of Seattle. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure. Pursuant to law, this tort claim form cannot be submitted electronically (via email or fax).

Mail or deliver

original form to:

Sara Kern, Claims Manager *or*
Jeff Hollingsworth, Risk Manager *or*
Vianney Muse, Risk Claims Analyst
Port of Seattle
2711 Alaskan Way
P. O. Box 1209
Seattle, WA 98111

Business hours: Monday through Friday 8:00 a.m. to 4:30 p.m.
Closed on weekends and holidays

CLAIMANT INFORMATION

Claimant's Name: _____

Last

First

Middle

Date of Birth: _____

Current Residential Address: _____

Mailing Address (if different): _____

Residential Address at Time of Incident: _____

Telephone number(s): _____

Home/Cell

Business

Email address: _____

INCIDENT INFORMATION

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Description of the conduct or circumstances that brought about the injury or damage:

Description of injury and/or damage:

Names, addresses and telephone numbers of all persons involved in or witness to this incident and of all Port of Seattle employees having knowledge of this incident:

Names, addresses and telephone numbers of all individuals not already identified that have knowledge regarding the liability issues involved in this incident or knowledge of claimant's damages. Please include a brief description of the nature and extent of each individual's knowledge.

Was this incident reported to law enforcement, Port of Seattle or other personnel? If so, when and to whom. Please include the Police department case number and/or copy of the report.

Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.

Name, address and telephone number of your employer if claiming lost wages. Please identify your position and rate of pay.

Amount of damages claimed: \$_____

Please attach all documents which support the allegations and claimed damages.

This Tort Claim Form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney-in-fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date

Signature

Authorization for Release of Protected Health Information

Full Name: _____

Date of Birth: _____

Social Security No.: _____

Medicare/Medicaid Recipient: Yes _____ No _____

I hereby authorize disclosure of my protected health information for the purpose of processing my claim for damages filed with the Port of Seattle. Please send legible copies of all records to:

Port of Seattle, Risk Management
P. O. Box 1209
Seattle, WA 98111

I understand that by signing this document, I authorize the release of the following information:

Complete medical records for all services, including history and physical exam; progress notes; x-ray reports; inpatient admissions; operative notes; physical or other therapy; laboratory and other test reports; physician and physician assistant orders; nursing notes; and all other records and references designated by the provider as part of its medical record.

HIV test results and information related to HIV testing and/or treatment.

Psychiatric, mental and behavioral health records, including treatment notes, assessments, testing documents and results, and medical records related to mental health diagnosis and treatment.

Alcohol assessment, testing, referral and/or treatment records.

Pharmacy prescriptions and reports.

All correspondence and documents received or sent, including electronic mail, referencing my treatment, information related to alleged sexual assault or sexually transmitted disease, including test results.

Urgent care, outpatient or other clinic visit information.

Gynecological and/or obstetrical information

All client records generated for or by governmental programs of which I am a client. Identify the programs(s) and agency:_____.

Financial records related to my care and treatment.

I understand the following: (PLEASE READ AND INITIAL ALL STATEMENTS)

- _____ My records are protected under HIPAA/PHI regulations (federal law) and the Washington State Health Care Information Act (RCW 70.02).
- _____ My health information may be subject to re-disclosure by the Port of Seattle and not protected for purposes of evaluating and investigating the claim I have filed.
- _____ The specific information to be disclosed in my medical record may include information relating to alcohol, drug or other controlled substance use, counseling referrals and/or a history of testing or treatment of HIV/AIDS.
- _____ I may revoke this Authorization at any time by notifying the Port of Seattle, Risk Management, in writing. The revocation will be effective as of the date the Port of Seattle receives it. Any records obtained pursuant to this Authorization prior to the revocation will be deemed authorized by me for release.
- _____ This Authorization will expire ninety (90) days from the date I sign it. I can also authorize a different time frame for this release to be valid.

A copy of this Authorization is as valid as the original.

Date: _____

(Signature)